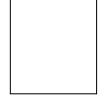


HOSTEL APPLICATION FORM



(To be filled in by the applicant in his/her own handwriting clearly and carefully)

I	
	n
the cam pusloc ated at Sewoods on Palm Beach Road. I have seen the Hostel along with my parents/local guardian./Mrs After consent of my parents I agree to all the terms & conditions of the Hostel & wish to book a room for myself. I hereby agree that I have read and will abide by the Rules and Regulations of the hostel in force from time to time. I furnish the following particulars: PERSONAL DATA: 1) Full Name (with Surname)	ea r
with my parents/local guardian./Mrs After consent of my parents I agree to all the terms & conditions of the Hostel & wish to book a room for myself. I hereby agree that I have read and will abide by the Rules and Regulations of the hostel in force from time to time. I furnish the following particulars: PERSONAL DATA: 1) Full Name (with Surname)	
agree to all the terms & conditions of the Hostel & wish to book a room for myself. I hereby agree that I have read and will abide by the Rules and Regulations of the hostel in force from time to time. I furnish the following particulars: PERSONAL DATA: 1) Full Name (with Surname)	
I hereby agree that I have read and will abide by the Rules and Regulations of the hostel in force from time to time. I furnish the following particulars: PERSONAL DATA: 1) Full Name (with Surname)	
furnish the following particulars: PERSONAL DATA: 1) Full Name (with Surname) 2) Residential Address (Email) Tel. No. (M) (R)	
1) Full Name (with Surname)	
2) Residential Address	
(Email)	-
Tel. No. (M)	_
	_
3) Date of Birth	
4) Nationality	
5) Admission taken in	
6) Nationality	
7) Religion	
I declare that the information given above is true to the best of my knowledge. I agree that if any information furnished above found incorrect my admission is liable to be cancelled.	t
Date: Signature of the Applicant:	

FAMILY BACKGROUND:	
1) Full name of the Parent/Guardian–	
2) Relationship	
3) OccupationDesignation	
4) Office Address	
Email: Contact number:	
NEAREST LOCAL GUARDIAN	
5) Name and address of contact person who should be contacted (in case of emergency)	
1) Name_	
Address	
Tel. No. (Mob / Res)	
2) Name	
Address	
Tel. No. (Mob / Res)	
I request you to admit my ward Mr	
Yours fai	ithfully,
Date: Signature of the Parent	
Date: Signature of Local Guardian	
EMERGENCY NUMBERS:	

